

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: R.K.C. ARCH | CHAPTER 100.1 |
| Address: 91-938 Hanakahi Street, Ewa Beach, Hawaii 96706 | Inspection Date: August 21, 2019 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|--|
| <input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS HM #1 and #2 -- No current annual physical examination. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">We got our physical examinations</p> | <p style="text-align: center;">James = 8/28/2019 Nik for 14 = 8/28/2019 6/13/2019</p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|-----------------|
| <input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS HM #1 and #2 – No current annual physical examination. | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I will make sure to check all household individuals and substitute care gives experiences 2 months before the annual inspection.</p> | 03/30/2020 |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|--|
| <input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> <ul style="list-style-type: none"> • SCG #1 and HM #1 – No initial tuberculosis clearance. • HM #2 – No current annual tuberculosis clearance. | <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">We got our TB test.</p> | <p style="text-align: center;">Viktoriyg = 8/26/2019</p> <p style="text-align: center;">James = 8/31/2019</p> <p style="text-align: center;">9/6/2019</p> <p style="text-align: center;">Kelly = 8/26/2019</p> |

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|--------------------|
| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review. FINDINGS Resident #1 – No assessment by PCG upon readmission. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Medications on emergency information sheet not current and up-to-date.</p> | <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>PART 1</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I made an updated emergency information sheet.</p> | <p>8/21/2019</p> |

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| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – Medications on emergency information sheet not current and up-to-date. | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Rice care home will make sure Emergency Information sheet is checked and up to date and current every 1-2 months.</p> | 03/30/2020 |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|---|---|
| <input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; <u>FINDINGS</u> Bug droppings found on both residents bedroom windows and window sills. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I cleaned the windows & window sills</i></p> | <p style="text-align: center;"><i>Aug. 22, 2019</i></p> |

| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; <u>FINDINGS</u> Bug droppings found on both residents bedroom windows and window sills. | <p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make a check list to clean up the bug droppings every week.</p> | <p style="text-align: right;">Aug. 22, 2019</p> |

Licensee's/Administrator's Signature: gnt

Print Name: Josephine Fitzgerald

Date: 09-26-2019

Licensee's/Administrator's Signature: gnt

Print Name: Josephine Fitzgerald

Date: 12/20/2019

Licensee's/Administrator's Signature: Josephine Fitzgerald / gnt

Print Name: gnt / Josephine Fitzgerald

Date: 03/31/2020